



# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 12282	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael R Mahler  P.O. Box, Bldg., Room No., if any  Street 1710 S. Broadway  City St. Louis  State Missouri ZIP Code + 4 63104	4. Name, file number, and address of labor organization. Name Sprinkler Fitters Local 268  Labor Organization File Number 028-836  P.O. Box, Building and Room Number, if any  Street 1710 S. Broadway  City St. Louis  State Missouri ZIP Code + 4 63104
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/12/05  
Date

314.241.8023  
Telephone Number

Name of Person Filing Michael Mahler

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Automatic Sprinkler Industry H&amp;W

Trade Name, if any: NASI Fringe Benefit Fund

P.O. Box, Bldg., Room No., if any

Street 8000 Corporate Drive

City Landover

State Maryland

ZIP Code + 4 20785

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Automatic Sprinkler Industry Welfare

Trade Name, if any: NASI Fringe Benefit Fund

P.O. Box, Bldg., Room No., if any

Street 8000 Corporate Drive

City Landover

State Maryland

ZIP Code + 4 63104

11.a. Nature of such dealing.

NASI Welfare Fund is a national plan, which provides health & welfare benefits for Sprinkler Fitters. Members of Sprinkler Fitters Local 268 participate in the NASI Welfare Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed expenses for airfare, lodging, cabfare, rental cars, meals, tips, seminar registration and education materials for fiduciary responsibilities as trustee for NASI Welfare Fund.

12.b. Amount.

SEE Attached sheet

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**Investment Subcommittee Meeting in Fund Office Feb 6, 2004**

Airfare to Baltimore	237.20	
Rental Car	84.29	
1 Night Hotel Stay + Meal \$24.55	199.45	
Airport Parking, Maid, Bellman, breakfast	<u>27.90</u>	
Total Reimbursed to me by NASI		548.84
Value of breakfast & lunch served at fund office as reported to me		73.60

**Trust Fund Meeting in Fund Office 3/25/04- 3/26/05**

Airfare to Baltimore	238.20	
2 Nights Hotel stay + Meal \$25.60	375.4	
Airport Parking, Maid, Taxi to & from Airport	<u>132.5</u>	
Total Reimbursed to me by NASI		746.1
Value of breakfast & lunch served at fund office as reported to me		43.10

**Investment Subcommittee Meeting in Fund Office 9/28/04, 2004**

Airfare to Baltimore	362.20	
1 Night Hotel Stay	137.62	
Breakfast, lunch, Taxi to & from Airport, Airport parking	<u>167.33</u>	
Total Reimbursed to me by NASI		667.15
Value of breakfast & lunch served at fund office as reported to me		86.01

**Trust Fund Meeting In Washington, DC 10/18-22/04**

Airfare to Baltimore	200.20	
4 nights Hotel Stay	819.84	
Taxi to & from Airport, airport parking, maid, dinner, breakfast	<u>264.00</u>	
Total Reimbursed to me by NASI		1284.04
Value of breakfast, lunch, dinner paid by fund as reported to me		315.01
Pen, binder, case for seminar materials as reported to me		63.17

**Trust Fund Educational Conference to be held in 2005**

Prepaid registration fee for conference paid by NASI for me	1295.00
Prepaid hotel deposit for 2005 conference pd by NASI	259.42

Canceled airfare and change fee reimbursed by NASI applied to 2005	<u>366.2</u>
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Total reimbursed expenses and amounts paid by NASI for my duties as a trustee to the fund	5747.64
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